



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Disability Services  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5050**

May 31, 2013

**CERTIFIED MAIL 7007 1490 0003 4202 0269**

Sharee Kromrei  
Sycamore Glen  
1587 Sycamore  
Clarkston, WA 99403

Adult Family Home License # 68200

**IMPOSITION OF CONDITIONS ON A LICENSE AND  
IMPOSITION OF CIVIL FINE**

Dear Ms. Kromrei

This letter constitutes formal notice of the imposition of a civil fine for your adult family home, located at **1589 Sycamore, Clarkston**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code 388-76-10940.

The civil fine is based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on May 15, 2013.

**WAC 388-76-10400(4) Care and services.** **\$500.00**

**The facility failed to consult appropriate professionals for performing blood sugar testing for one resident with diabetes.**

**WAC 388-76-10430(2)(c)(d)(3) Medication system.** **\$500.00**

**The facility failed to establish a safe medication system related to complete/accurate medication logs and failed to ensure the residents received medications as required for two residents.**

**WAC 388-76-10455(1)(2)(3) Medication - Administration.** **\$500.00**

**The facility failed to ensure nurse delegation occurred for the administration of injectable insulin for one resident with diabetes.**

**WAC 388-76-10465(1)(2)(a)(b)(c) Medication – Altering - Requirements.** **\$500.00**

The facility failed to consult with appropriate persons regarding the altering of medications prior to assisting one resident with medications.

**WAC 388-76-10470(2)(a)(b)(c)(d) Medication – Timing – Special directions.** **\$500.00**

The facility failed to ensure medications were given per physician's instructions for one resident.

**WAC 388-76-10485(1)(3) Medication storage.** **\$500.00**

The facility failed to ensure medications were stored in locked storage.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on May 15, 2013.

**WAC 388-76-10400(4) Care and services.**

The facility failed to consult appropriate professionals for performing blood sugar testing for one resident with diabetes.

**WAC 388-76-10430(2)(c)(d)(3) Medication system.**

The facility failed to establish a safe medication system related to complete/accurate medication logs and failed to ensure the residents received medications as required for two residents.

**WAC 388-76-10455(1)(2)(3) Medication - Administration.**

The facility failed to ensure nurse delegation occurred for the administration of injectable insulin for one resident with diabetes.

**WAC 388-76-10465(1)(2)(a)(b)(c) Medication – Altering - Requirements.**

The facility failed to consult with appropriate persons regarding the altering of medications prior to assisting one resident with medications.

**WAC 388-76-10470(2)(a)(b)(c)(d) Medication – Timing – Special directions.**

The facility failed to ensure medications were given per physician's instructions for one resident.

**WAC 388-76-10485(1)(3) Medication storage.**

**The facility failed to ensure medications were stored in locked storage.**

The department has determined that the following conditions shall be placed on your adult family home license:

- Licensee shall not admit any residents with diagnosis of diabetes and taking insulin, and any residents with diagnosis that requires anticoagulant and blood pressure treatments.
- The licensee will hire at her own expense by June 7, 2013, a registered nurse delegator (RND) consultant not associated with the home who is familiar with adult family home regulations, to come to the home and assist the licensee to develop and implement a safe medication system that meets the needs of residents, including residents taking insulin, anticoagulants, and blood pressure medication. The nurse consultant will:
  - Assess all residents' care and services for any nurse delegation needs and set up a system in the home to meet adult family home requirements for nurse delegation of medications and care, specifically addressing what can be nurse delegated and what cannot be delegated, and the requirements for administering insulin.
  - Assess all residents medication orders, medication records, and pharmacy records, and make changes to ensure they are in compliance with the adult family home laws and rules relating to medication systems.
  - Train the entity representative and staff on the developed system and ensure they have the knowledge and skills for ongoing safe medication administration, including following physician orders for checking blood pressures prior to giving blood pressure medication, when and when not medications can be altered, blood glucose monitoring, and the care and services for residents taking insulin and anticoagulant medication.
  - Assist the licensee in developing an ongoing monitoring system to identify medication errors resulting from not following the five rights of medication administration.
  - Monitor the home on a weekly basis.
  - Consultant will be available to the Department for questioning.
- The licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location accessible to residents and visitors.

You may contest the imposition of conditions on a license and the imposition of civil fine by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$3,000.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager  
Aging and Disability Services Administration  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-2645

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

### **Plan of Correction/Attestation**

#### **You must:**

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in you plan for each deficiency:

- The date you have or will correct each deficiency; and

- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Lori Heiner, Field Manager  
District 1, Unit B  
316 West Boone, Suite 170  
Spokane, WA 99201-2351  
Phone: (509) 323-7324 / Fax: (509) 329-3993

If you have any questions, please contact Lori Heiner at (509) 323-7324.

Sincerely,

Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Bett Schlemmer, Compliance Specialist  
Field Manager, District 1 Unit B  
RCS District Administrator, District 1  
HCS Regional Administrator, Region 1  
DDD Regional Administrator, Region 1  
WA LTC Ombudsman  
Area Agency on Aging, AAA- SE  
Office of Financial Recovery, Vendor Program Unit  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
DS